

Office of Vital Statistics

Application for Certified Copies of Birth or Death Certificate

No personal checks are accepted-unless certified

Walk in/Same day service 8:30 am 3:00 pm Mon-Fri office is closed on all City holidays

Mail in orders (allow up to 2 weeks) Money orders should be made payable to "Treasurer, City of Cincinnati"

If applying by mail please send the completed application, self addressed stamped envelope, and the correct fee to:

Cincinnati Vital Statistics, 1525 Elm Street Cincinnati, Ohio 45202-6995

A Non-Refundable Research Fee Charge For Each Certificate Not Found \$3.00

☐ Birth \$22.00 per certificate

☐ Death \$27.00 per certificate

☐ Fetal Death \$27.00 per certificate

Number of copies _____

PLEASE TYPE OR PRINT LEGIBLY

Name of person making request	First Name	Last Name		
Street	City	State	Zip	
Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.				Telephone Number
Your Signature				Date

SIGN HERE

B
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H

Name At Birth	First Name	Middle Name	Last Name	
Date of Birth	Month	Day	Year	Age Now
Place of Birth	City	County	State Ohio	
Father's Name	First Name	Middle Name	Last Name	
Mother's Maiden Name (Name Before Marriage)	First Name	Middle Name	Last Name	
Have any corrections been made to this Certificate in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type of corrections		

D
E
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H

Legal Name of Deceased	First Name	Middle Name	Last Name	
Date of Death	Month	Day	Year	
Place of Death	City CINCINNATI	County HAMILTON	State OHIO	Hospital or Location of Death

Office Use Only

Date	Amount \$	Year
Certificate No.	Total Copies Ordered:	
V=	Initial	
Paper Number:		